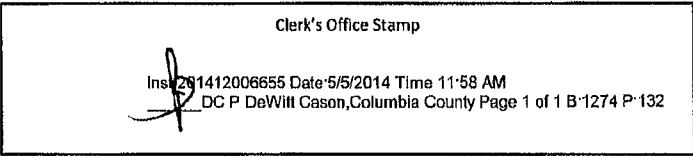


NOTICE OF COMMENCEMENT



Tax Parcel Identification Number

30-48-17-08898-120

THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes, the following information is provided in this NOTICE OF COMMENCEMENT

- 1. Description of property (legal description)
a) Street (job) Address 152 SW Nightshade Dr., Lake City, FL 32024
2. General description of improvements Foundation repair
3. Owner Information
a) Name and address: Sally Sosa, 152 SW Nightshade Dr., Lake City, FL 32024
b) Name and address of fee simple titleholder (if other than owner)
c) Interest in property
4. Contractor Information
a) Name and address: Champion Foundation Repair 8504 E. Adamo Dr., #1404, Tampa 33619
b) Telephone No 813-622-6614 Fax No (Opt) 813-622-6614
5. Surety Information
a) Name and address
b) Amount of Bond
c) Telephone No. Fax No (Opt)
6. Lender
a) Name and address
b) Phone No
7. Identity of person within the State of Florida designated by owner upon whom notices or other documents may be served
a) Name and address
b) Telephone No Fax No (Opt)
8. In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes
a) Name and address
b) Telephone No Fax No (Opt)
9. Expiration date of Notice of Commencement (the expiration date is one year from the date of recording unless a different date is specified)

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

STATE OF FLORIDA
COUNTY OF COLUMBIA

10 [Signature]
Signature of Owner or Owner's Authorized Office/Director/Partner/Manager
Sally Sosa
Printed Name

The foregoing instrument was acknowledged before me, a Florida Notary, this 14th day of April, 2014, by Sally Sosa as owner (type of authority, e.g. officer, trustee, attorney) fact for 152 SW Nightshade Dr., Lake City (name of party on behalf of whom instrument was executed).

Personally Known [checked] OR Produced Identification Type

Notary Signature [Signature] Notary Stamp or Seal



11 Verification pursuant to Section 92.525, Florida Statutes Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief

[Signature]
Signature of Natural Person Signing (in line #10 above)